



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

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BWSP OPERATIONS MEMO

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Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: Medium

SUBJECT: PACE & PARTNERSHIP PROGRAMS

CROSS REFERENCE: Please refer to other recent operations memos in the series discussing Long Term Care, PACE & Partnership, Family Care and Community Waivers and SSI in CARES for further information on these topics.

Family Care pilot counties may refer to training materials from DWD/DES and DHFS on-site training for further information on Family Care.

EFFECTIVE: July 3, 2000

PURPOSE

This Memo provides you with instructions about eligibility and policy changes associated with the PACE/Partnership program policies effective July 3, 2000.

PACE operates in Dane and Milwaukee Counties, while Partnership operates in Dane, Milwaukee, Eau Claire, Dunn and Chippewa counties.

BACKGROUND

Effective July 3, 2000, significant changes became effective within the long term care delivery system. These changes include policy changes and clarifications, as well as automation enhancements.

AUTOMATION OF THE PACE/PARTNERSHIP WAIVER PROGRAM ELIGIBILITY DETERMINATION AND CERTIFICATION PROCESS

The Wisconsin Partnership program is a comprehensive waiver demonstration program integrating health and long term support services for people who are elderly or disabled. Partnership is implemented at four demonstration sites serving five counties. They are Community Living Alliance (Dane), Elder Care (Dane), Community Care Organization (Milwaukee), and Community Health Partnership (Eau Claire, Dunn, and Chippewa). PACE is a program that provides comprehensive community based services, including both acute and chronic care for frail elderly individuals.

Two organizations currently operate PACE sites in Wisconsin: (1) Community Care Organization in Milwaukee County; (2) Elder Care of Dane County. Each of these organizations has entered into a managed care contract with DHFS and HCFA and receive monthly capitation payments from each agency.

CARES has been modified to determine PACE/Partnership community waiver eligibility. This involves several policies that are different than regular waiver program policies and processing, as well as sending an enrollment record to MMIS.

PACE / PARTNERSHIP – GENERAL ELIGIBILITY

To participate in the Partnership or Partnership program, people must be non-financially and financially eligible for Medicaid (MA) and meet the MA nursing home level of care requirement. While there are many similarities between PACE and Partnership, there are some differences. PACE requires the use of a day health center while Partnership does not. PACE enrollees must agree to receive primary care from the PACE physician while Partnership enrollees may choose from a panel of independent physicians who have agreed to serve Partnership members. PACE serves the frail elderly exclusively, while Partnership serves the elderly and younger disabled adults. The Partnership program serves people who are eligible for both MA and Medicare. Participation in either one of the programs is voluntary.

Divestment is prohibited just like it is for any other institutional/Community Waiver case. Individuals who divest are ineligible for PACE or Partnership for the duration of the identified divestment penalty period.

PACE and Partnership cases are not subject to estate recovery and should not be referred to the Estate Recovery Program. Don't complete the Notice of Intent to File a Lien or the ERP Asset Disclosure Sheet.

The PACE/Partnership enrollment date is the MA beginning eligibility date if all other eligibility requirements are met on that date. The PACE/Partnership case manager will provide this enrollment date to the Economic Support (ES) worker. It is possible that the client may be eligible for regular MA using the non-PACE/Partnership (waiver) eligibility criteria for the 3-month period prior to their month of application as well as the portion of the month prior to enrollment date. This potential backdated eligibility should be examined as it is for any other MA applicant. Unlike other Community Waiver cases, The Management Group (TMG) has no oversight or approval responsibilities for PACE or Partnership.

Persons who are new applicants should use the enrollment date/start date that is given during the application process, but this date cannot be earlier than 7/1/00.

PACE/PARTNERSHIP APPLICATION PROCESS

The applicant for PACE/Partnership will be accompanied by a representative of the Pace/Partnership Organization or will be provided with information from the PACE/Partnership Organization. The information is:

- Waiver type (PACE or Partnership)
- Name of PACE/Partnership Organization
- Functionally eligible for a community waiver program
- Date of Request for Community Waivers
- Program Start Date
- PACE/Partnership Program Enrollment Date
- Out of Pocket Medical/Remedial Expenses (Necessary for Group B Only)
- Group C Medical/Remedial Expenses (Necessary for Group C Only)
- Group C MA Card Coverage Expenses (Expenses (Necessary for Group C Only)
- PACE/Partnership Level of Care (ISN, ICF, SNF)
- Availability of a Community Waiver Slot for this individual
- Name & Type of Medical Institution (if institutionalized, including CBRF per Pace/Partnership institution definition)
- For an SSI recipient: Has this individual transferred any assets in the last 36 months or created a trust in the last 60 months? (If so, the eligibility worker needs to contact the applicant and ascertain if divestment has occurred).

This table outlines the responsibilities of the PACE/Partnership Organization, the applicant/recipient and the eligibility worker in the eligibility processing for PACE/Partnership applicant/recipients.

PACE/Partnership Organization	Applicant/Recipient or Authorized Representative	Eligibility Worker
Supply information necessary to determine waiver eligibility and enroll the individual in a PACE/Partnership Organization.	Supply non-financial and financial information (and verification) necessary for determining eligibility for the application and reviews.	Communicate with the PACE/Partnership Organization when information from the client/ organization is incomplete or not supplied that is necessary to eligibility.
Assist the applicant/recipient in providing non-financial and financial information (and verification) during application, review and for changes in information.	Report non-financial and financial changes within 10 days of the change occurrence to the Eligibility Worker.	Determine eligibility as quickly as possible (and within 30 days) once all information is supplied and verified.
Answer questions about services and goods to be provided.		Explain the MA program, including rights and responsibilities to the applicant/recipient.
Supply services and goods as required from a PACE/Partnership Organization		Conduct annual reviews of eligibility and re-determine eligibility when changes are reported.
In counties that are served by both Family Care and PACE/Partnership work with the Resource Center to determine which program best fits the needs of the individual applicant/recipient.		

CARES

PACE and Partnership participants have their MA eligibility determined in CARES, using either the institutional or Community Waiver procedures based on their living arrangement.

NON-INSTITUTIONAL CASES

PACE/Partnership enrollees living in their own homes or other non-institutional settings (except for a community based residential facility) should be processed in CARES using screen ANCW as if they were a Home and Community Based Waivers Program type case. The CARES category code will be MCWP or MCWR. Their eligibility and cost share will be based on Group A, Group B, or Group C eligibility criteria.

INSTITUTIONAL CASES

The definition of institutionalization for PACE and Partnership participants will be the same one that is found in appendix 10.0.0 of the Medical Assistance Handbook with one addition. Residents of a community based residential facility (CBRF) will also be processed in CARES as if they were living in a nursing home. The MA eligibility for these individuals will be based on MA institutions (categorically and medically needy) eligibility policies. A nursing home patient liability amount will be calculated; although the liability amount, also known as the cost share, is paid to the PACE/Partnership Organization by individuals residing in an institution or CBRF.

1. Institutional Case/Non-CBRF

Participants residing in an institution other than a CBRF would have their MA eligibility determined in CARES, in the same manner as any other institutionalized person. The MI -P (Pace) or the MI-R (Partnership) AG will be built for these cases.

2. Institutional Case/CBRF

Residents of CBRFs should be assigned the "23" CBRF living arrangement code on CARES screen ANLA. Complete ANII and use \$100.00 as the private pay daily rate for someone living in a CBRF. Finally, CBRF residents are entitled to a \$65.00 personal needs allowance (PNA). Effective 7/1/00, CARES can now handle this PNA and no entries are needed to accommodate this larger PNA on AFSP as previously instructed in BWSP Operations Memo 99-98. The MI-R (Partnership) or the MI-P (PACE) AG will be built for these cases.

CONVERTING PACE/PARTNERSHIP CASES FROM PREVIOUS WAIVER STATUS:

When "converting" cases to PACE or Partnership from the original waiver type you have entered on ANCW, you should update the existing ANCW screen, rather than ending the existing screen and creating a new one. This is because this change is still part of the same occurrence of waiver participation, and simply represents a change in automation, rather than a real change in the client's circumstances.

To convert the case, tran to ANCW, and type over the "begin MMY" field with the month of conversion but no earlier than 0700. There is no need to change the date of request for community waivers date field. Change the waiver type to PA or PR as appropriate.

For ongoing PACE/Partnership cases, enter a program start date on ANCW equal to the 1st of the recurring month, based on adverse action logic. Using the 1st of the recurring month date in this field will allow the enrollment information sent to MMIS to effectively coordinate with the MMIS Initial Enrollment Cycle for the creation of capitation payments. You will also need to enter the PACE/Partnership level of care.

When you hit enter, you will be taken to the new ANMC screen. Enter the same "begin MMY" date entered on ANCW. Then enter the appropriate SMCP org (special managed care program organization) choice for either PACE or Partnership.

When you run SFED, a new AG for either PACE (MCWP/ MIP) or Partnership (MCWR/MIR) will be created for the recurring month. You should confirm this AG, and the eligibility for the waiver will be created, as well as sending the enrollment in the appropriate SMCP.

SPECIAL CIRCUMSTANCES

LEVEL OF CARE CHANGE

The level of care entered on ANCW affects the capitation payment to the Pace/Partnership Organization. When the Pace/Partnership organization reports a level of care change that has been approved by BQA, make the following changes to CARES. Tran to ANCW, and type over the "begin MMY" field with the current month. In the program start date field enter the date for which the level of care is effective. The Pace/Partnership organization will provide the date to the ES worker. Retroactive dates can be entered in this field. Enter the new PACE/Partnership level of care. Run SFED and confirm. The program start date and level of care entered on ANCW will be sent through the MMIS interface and updated at EDS.

MID-MONTH DISENROLLMENT

Since Pace and Partnership enrollment is voluntary, some recipients may choose to end their participation in the program. If a recipient has made this request to the ES worker, the ES worker should contact the Pace/Partnership organization to inform them of the recipient request. This will allow the organization to counsel the individual regarding their choice of disenrollment and the consequences of that choice. The organization should inform the ES worker of the effective date of the recipient's decision to disenroll. When the Pace/Partnership program type is removed from ANCW, the Pace/Partnership AG will close with an effective date related to adverse action. If the verified disenrollment date provided by the Pace/Partnership organization is earlier than the adverse action closure date, the Pace/Partnership organization should provide the worker with a disenrollment form. The ES worker should send this form to EDS for keying into the MMIS system. **Do not** use a manual 3070 form to send a mid-month disenrollment date.

MAPP RECIPIENTS & PACE/PARTNERSHIP

Eligibility for MAPP is determined and certified on a manual basis. Some of the MAPP recipients may be waiver program eligible and may choose to enroll in the Pace or Partnership programs. All assistance groups in CARES must be closed in order for MAPP eligibility to remain on file on the MMIS system. This requires enrollments for Pace/Partnership to be done manually.

The MAPP eligibility will be certified by sending a 3070 form to EDS. The premium information form will also be sent to EDS, if applicable. Obtain the paper enrollment form from the PACE/Partnership organization. The ES worker should send the enrollment form to EDS for keying into the MMIS system. **Do not** use a 3070 to enroll a recipient in the PACE or Partnership program.

CONTACT

Questions about PACE/Partnership that are not eligibility or systems related should be addressed to the PACE/Partnership organization providing services to the recipient.

If it would not be appropriate to communicate with the PACE/Partnership organization, please contact:

Partnership: Steve Landkamer
Center for Delivery Systems Development
Office of Strategic Financing
Department of Health and Family Services
Telephone: (608) 261-7811
Email: LandkSJ@dhfs.state.wi.us

PACE: Corey Huber
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